**Register to vote (/register-to-vote)** Register by 18 June to vote in the 6/18/24, General Election on 4 July. Working definition of trauma-informed practice - GOV.UK

<u>Home</u> > <u>Health and social care</u> > <u>National Health Service</u> > Health workforce > Working definition of trauma-informed practice

Office for Health Improvement & Disparities

# Guidance Working definition of trauma-informed practice

Published 2 November 2022

Contents Background Trauma Working definition of trauma-informed practice Key principles of trauma-informed practice Other professional resources and tools



#### © Crown copyright 2022

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit <u>nationalarchives.gov.uk/doc/open-government-licence/version/3</u> or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: <u>psi@nationalarchives.gov.uk</u>.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice/

6/18/24,experiences and supporting mental and physical health entromes. They build on evidence developed over several decades. However, there has been a lack of consensus within the health and social care sector on how trauma-informed practice is defined, what its key principles are and how it can be built into services and systems.

This document seeks to address this gap by providing a working definition of trauma-informed practice for practitioners working in the health and care sector. The working definition presented in this document reflects the original internationally recognised <u>definition developed by the United States</u> <u>Substance Abuse and Mental Health Services Administration (SAMHSA)</u> (<u>https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884</u>). The evidence base exploring the use of trauma-informed practice in different settings and sectors is still being developed. This working definition will be kept under review and updated where appropriate to reflect new evidence.

### Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

# Working definition of trauma-informed practice

Realise that trauma can affect individuals, groups and communities

# Recognise the signs, symptoms and widespread impact of trauma

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

#### **Prevent re-traumatisation**

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

There are 6 principles of trauma-informed practice: safety, trust, choice, 6/18/24, 11:44 AM collaboration, empowerment and cultural consideration.

#### Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe
- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place

#### Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

#### Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

• ensuring service users and staff have a voice in the decision-making process of the organisation and its services

#### Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving service users in the delivery of services

#### Empowerment

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

#### **Cultural consideration**

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

offering access to gender responsive services

## Other professional resources and tools

See:

- Office of Health Improvement and Disparities' <u>Vulnerabilities: applying All</u> <u>Our Health (https://www.gov.uk/government/publications/vulnerabilities-applying-all-our-health/vulnerabilities-applying-all-our-health)</u>
- e-learning for healthcare: <u>All Our Health: Vulnerabilities and trauma-</u> informed practice (https://portal.e-lfh.org.uk/Component/Details/748874)
- <u>Trauma-informed practice toolkit: Scottish Government</u> (https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/)
- Trauma-Informed Wales (https://traumaframeworkcymru.com/)
- ↑ Back to top

#### OGL

All content is available under the <u>Open Government</u> <u>Licence v3.0</u>, except where otherwise stated

© Crown copyright